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1 2005 Under the Pap	erwork Reduction Act of 1995	5. no persons	U.S.'	Patent and Ti	rademark Office;	PTO/SB/21 (09-04) e through 07/31/2006. OMB 0651-0031 U.S. DEPARTMENT OF COMMERCE t displays a valid OMB control number.		
THE P. S. C.			Application Number	10/724,452				
TRANSMITTAL FORM			Filing Date	November	November 28, 2003			
			First Named Inventor	CHOU, Sa	CHOU, Samuel			
			Art Unit	2723				
(to be used for a	ill correspondence after initial	filing) ·	Examiner Name	MCDONAL	.D, Shantese L.			
	Pages in This Submission	3	Attorney Docket Number	03234-UPS	03234-UPS (0003.0004)			
	ENCLOSURES (Check all that apply)							
Fee Trans	mittal Form		Prawing(s)			Allowance Communication to TC		
Fe	e Attached		icensing-related Papers		LLJ of Ap	al Communication to Board peals and Interferences		
Amendme	nt/Reply					al Communication to TC al Notice, Brief, Reply Brief)		
☐ Aft	er Final		Petition to Convert to a Provisional Application		Propr	Proprietary Information -		
Aff	idavits/declaration(s)		ower of Attorney, Revocation		Statu	Status Letter		
					Enclosure(s) (please Identify			
Extension of Time Request				•				
Express Al	Express Abandonment Request							
Information	n Disclosure Statement		D, Number of CD(s)					
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Certified C Document	opy of Priority (s)	Remark	ks					
	issing Parts/							
	Application ply to Missing Parts							
	der 37 CFR 1.52 or 1.53							
	SIGNA	TURE O	F APPLICANT, ATTO	RNEY, O	R AGENT			
Firm Name	Genus Law Group							
Signature								
Printed name Phomas D. Foster								
Date 16 Marsh 2005 Reg. No. 44,686								
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:								
Signature								
Typed or printed name Date is Man & San								
Typed or printed name THOMAS D. TOSTER Date 16 Morsh 2005								

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PTO/SB/17 (12-04v2) Approved for use through 07/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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U.S. Patent DepartMent U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Effective on 12/08/2004 Complete if Known TENTE TRAU Fee's pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/724.452 Filing Date November 28, 2003 For FY 2005 First Named Inventor CHOU, Samuel **Examiner Name** MCDONALD, Shantese L Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3723 TOTAL AMOUNT OF PAYMENT 0.00 Attorney Docket No. 03234-UPS (0003.0004) METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 503181 Deposit Account Name: Genus Law Group For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING	FEES Small Entity	SEARC	H FEES Small Entity		TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
EXCESS CLAIM FE	ES					- 4	Small Entity

## 2. EXCESS CLAIM FEES

Fee Description Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

**Total Claims Extra Claims** Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP = HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$) Fee Paid (\$) \_ (round up to a whole number) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Two Month's Extension of Time for Reply

0.00

Fees Paid (\$)

Fee (\$)

50

200

360

Fee (\$)

Fee (\$)

100

180

Fee Paid (\$)

Multiple Dependent Claims

25

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent) 44,686	Telephone 858.922-2170
Name (Print/Type) Thomas D. Foster	·	Date 16 morsh 2005
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his collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number	10/724,452
Filing Date	November 28, 2003
First Named Inventor	CHOU, Samuel
Art Unit	3723
Examiner Name	McDonald, Shantese
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
OR  ✓ I hereby appoint the practitioners associated with the Customer Number: 44920							
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  44920  OR							
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Country	USA						
Telephone	858.922.2170		Fax	858.259.6008			
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature Samuel Chcy							
Name Samuel CHOU							
Date March 11. >45 Telephone							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
*Total of 1 forms are submitted.							

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